Grant Name Assigned By Funding Agency Pregnancy Maintenance Initiative (PMI)	rant Name Assigned By Funding Agency 2. Recipient Organization Leavenworth County Health Department								
3. Federal Employer Identification Number	4. Recipient Identifying Number 1590	5. Funding/Grant Period Start: 7/1/2015	End: 6/	6. Report Period 30/2016 Start: 7/1/2015 E			End: 9/30/2015		
7. Submitted By Teresa Wilson		8. Date Report Submitted 10/15/2015		9. FSR # 885		10. Final Rep		port	
11. Transactions:				I Previously		II This Pe	riod	III Cumulative	
a. Total Obligated (Sum of lines b and	٧)			Reported	N/A		N/A	\$49,534.90	
b. Payer Obligated (Award)					N/A		N/A	\$21,628.00	
c. Recipient Obligated (Match)					N/A		N/A	\$27,906.90	
					IV/A		11/71	Ψ21,700.70	
Expenses:					20.00	Φ.	107.00	ΦE 407.00	
d. Total Payer Share of Expenses					\$0.00	\$	5,407.00	\$5,407.00	
Benefits/Grant Expenditure					\$0.00		\$0.00	\$0.00	
Capital Equipment/Grant Expenditu					\$0.00		\$0.00	\$0.00	
Contract Personnel/Grant Expenditu	ure				\$0.00		\$0.00	\$0.00	
Other/Grant Expenditure					\$0.00		\$0.00	\$0.00	
Salary/Grant Expenditure					\$0.00	\$!	5,407.00	\$5,407.00	
Supplies/Grant Expenditure				\$	\$0.00		\$0.00	\$0.00	
Travel/Grant Expenditure					\$0.00		\$0.00	\$0.00	
e. Total Recipient Share of Expenses					\$0.00	\$7	7,410.01	\$7,410.01	
Benefits/Local core support, funding	g match				\$0.00		\$0.00	\$0.00	
Benefits/Maintenance of Effort				9			2,804.53	\$2,804.53	
Benefits/Non cash: In-Kind Contribution	ution				\$0.00		\$0.00	\$0.00	
Benefits/Revenue Expenditure				9	\$0.00		\$0.00	\$0.00	
Capital Equipment/Local core support	-				\$0.00		\$0.00	\$0.00	
Capital Equipment/Maintenance of					\$0.00		\$0.00	\$0.00	
' ''	Capital Equipment/Non cash: In-Kind Contribution			9	\$0.00		\$0.00	\$0.00	
Capital Equipment/Revenue Expend					\$0.00		\$0.00	\$0.00	
Contract Personnel/Local core supp				\$0.00		\$0.00		\$0.00	
Contract Personnel/Maintenance of				9	\$0.00		\$0.00	\$0.00	
Contract Personnel/Non cash: In-Kir				\$0.00					
Contract Personnel/Revenue Expen				9	\$0.00		\$0.00	\$0.00	
Other/Local core support, funding n	match			\$	\$0.00		\$0.00	\$0.00	
Other/Maintenance of Effort				\$	\$0.00		\$0.00	\$0.00	
Other/Non cash: In-Kind Contribution	on			9	\$0.00		\$0.00	\$0.00	
Other/Revenue Expenditure				\$	\$0.00		\$0.00	\$0.00	
 Salary/Local core support, funding r 	match			\$0.00					
Salary/Maintenance of Effort				\$0.00		\$4	4,276.68	\$4,276.68	
Salary/Non cash: In-Kind Contribution	Salary/Non cash: In-Kind Contribution			\$0.00 \$0.00			\$0.00		
Salary/Revenue Expenditure				\$0.00			\$0.00		
Supplies/Local core support, funding match				\$0.00 \$0.0			\$0.00		
Supplies/Maintenance of Effort			\$0.00 \$25			\$251.65	\$251.65		
Supplies/Non cash: In-Kind Contribution				\$0.00			\$0.00	\$0.00	
Supplies/Revenue Expenditure				\$0.00		\$0.00		\$0.00	
Travel/Local core support, funding r	match			\$0.00			\$0.00	\$0.00	
Travel/Maintenance of Effort				\$0.00 \$77.15			\$77.15		
Travel/Non cash: In-Kind Contribution	on			\$0.00 \$0.00			\$0.00		
Travel/Revenue Expenditure				5	\$0.00		\$0.00	\$0.00	

f. Unliquidated Total Obligated (Line a minus lines d and e)	N/A	N/A	\$36,717.89
g. Unliquidated Payer Obligated (Line b minus line d)	N/A	N/A	\$16,221.00
h. Unliquidated Recipient Obligated (Line c minus line e)	N/A	N/A	\$20,496.89
Income:			
i. Total Income From Payer	\$0.00	\$0.00	\$0.00
j. Total Income From Recipient	\$0.00	\$0.00	\$0.00
Fees/Medicaid/KanCare	\$0.00	\$0.00	\$0.00
Fees/Other Public Health Insurance	\$0.00	\$0.00	\$0.00
Fees/Patient/Client Fees	\$0.00	\$0.00	\$0.00
Fees/Private Health Insurance	\$0.00	\$0.00	\$0.00
• Fees/SCHIP	\$0.00	\$0.00	\$0.00

	ne Assigned By Funding Agency 2. Recipient Organization Leavenworth County Health Department							
3. Federal Employer Identification Number	Recipient Identifying Number 1590	5. Funding/Grant Period Start: 7/1/2015	End: 6/30/2016	1 '	. Report Period Start: 10/1/2015 End: 12/31/2015			
7. Submitted By		8. Date Report Submitted	9. FSR #		10. Final R	eport		
Teresa Wilson		1/15/2016	2423		No			
11. Transactions:			l Previou: Reporte		II This Period	III Cumulative		
a. Total Obligated (Sum of lines b and	d c)			N/A	N/A	\$49,534.9		
b. Payer Obligated (Award)				N/A	N/A	\$21,628.0		
c. Recipient Obligated (Match)				N/A	N/A	\$27,906.9		
Expenses:								
d. Total Payer Share of Expenses			\$5,	407.00	\$5,407.00	\$10,814.0		
Benefits/Grant Expenditure				\$0.00	\$0.00	\$0.0		
Capital Equipment/Grant Expendi	ture			\$0.00	\$0.00	\$0.0		
Contract Personnel/Grant Expend				\$0.00	\$0.00	\$0.0		
Other/Grant Expenditure				\$0.00	\$0.00	\$0.0		
Salary/Grant Expenditure			\$5,	407.00	\$5,407.00	\$10,814.0		
Supplies/Grant Expenditure				\$0.00	\$0.00	\$0.0		
Travel/Grant Expenditure				\$0.00	\$0.00	\$0.0		
e. Total Recipient Share of Expenses			\$7,	410.01	\$7,833.77	\$15,243.7		
Benefits/Local core support, fundi	ing match			\$0.00	\$0.00	\$0.0		
Benefits/Maintenance of Effort				\$2,804.53 \$2,975		\$5,780.3		
Benefits/Non cash: In-Kind Contribution				\$0.00 \$0.00		\$0.0		
Benefits/Revenue Expenditure				\$0.00	\$0.00	\$0.0		
Capital Equipment/Local core sup	port, funding match			\$0.00	\$0.00	\$0.0		
Capital Equipment/Maintenance of Effort				\$0.00		\$0.0		
Capital Equipment/Non cash: In-Kind Contribution				\$0.00	\$0.00	\$0.0		
Capital Equipment/Revenue Experience			\$0.00	\$0.00	\$0.0			
Contract Personnel/Local core sup	oport, funding match			\$0.00	\$0.00	\$0.0		
Contract Personnel/Maintenance	of Effort			\$0.00	\$0.00	\$0.0		
Contract Personnel/Non cash: In-l	Kind Contribution			\$0.00	\$0.00	\$0.0		
Contract Personnel/Revenue Expe	enditure			\$0.00	\$0.00	\$0.0		
Other/Local core support, funding	y match			\$0.00	\$0.00	\$0.0		
Other/Maintenance of Effort				\$0.00	\$217.50	\$217.5		
Other/Non cash: In-Kind Contribu	tion			\$0.00	\$0.00	\$0.0		
Other/Revenue Expenditure				\$0.00	\$0.00	\$0.0		
Salary/Local core support, funding	g match			\$0.00	\$0.00	\$0.0		
Salary/Maintenance of Effort				276.68	\$4,330.68	\$8,607.3		
Salary/Non cash: In-Kind Contribution				\$0.00 \$0.00				
Salary/Revenue Expenditure	Salary/Revenue Expenditure			\$0.00 \$0.00				
Supplies/Local core support, fund	Supplies/Local core support, funding match			\$0.00	\$0.00	\$0.0		
Supplies/Maintenance of Effort			\$	251.65	\$248.00	\$499.6		
Supplies/Non cash: In-Kind Contribution				\$0.00		\$0.0		
Supplies/Revenue Expenditure	• •			\$0.00		\$0.0		
Travel/Local core support, funding	g match			\$0.00 \$0.0		\$0.0		
Travel/Maintenance of Effort				\$77.15 \$61.81				
Travel/Non cash: In-Kind Contribution	tion			\$0.00 \$0.00				
Travel/Revenue Expenditure				\$0.00	\$0.00	\$0.0		

f. Unliquidated Total Obligated (Line a minus lines d and e)	N/A	N/A	\$23,477.12
g. Unliquidated Payer Obligated (Line b minus line d)	N/A	N/A	\$10,814.00
h. Unliquidated Recipient Obligated (Line c minus line e)	N/A	N/A	\$12,663.12
Income:			
i. Total Income From Payer	\$10,815.00	\$0.00	\$10,815.00
j. Total Income From Recipient	\$0.00	\$0.00	\$0.00
Fees/Medicaid/KanCare	\$0.00	\$0.00	\$0.00
Fees/Other Public Health Insurance	\$0.00	\$0.00	\$0.00
Fees/Patient/Client Fees	\$0.00	\$0.00	\$0.00
Fees/Private Health Insurance	\$0.00	\$0.00	\$0.00
• Fees/SCHIP	\$0.00	\$0.00	\$0.00

Grant Name Assigned By Funding Agency Pregnancy Maintenance Initiative (PMI)	2015-2016	2. Recipient Organization Leavenworth County Health Department							
3. Federal Employer Identification Number	Recipient Identifying Number 1590	5. Funding/Grant Period Start: 7/1/2015	End: 6/	30/2016	6. Report Period Start: 1/1/2016		Er	End: 3/31/2016	
7. Submitted By		8. Date Report Submitted		9. FSR #			10. Final Re		
Teresa Wilson		4/15/2016		2498			No		
11. Transactions:				I Previousl Reported		II This Pe	riod	III Cumulative	
a. Total Obligated (Sum of lines b and c)			· ·	N/A		N/A	\$49,534.90	
b. Payer Obligated (Award)					N/A		N/A	\$21,628.00	
c. Recipient Obligated (Match)					N/A		N/A	\$27,906.90	
Expenses:									
d. Total Payer Share of Expenses				\$10,8	14.00	\$5	,407.00	\$16,221.00	
Benefits/Grant Expenditure					\$0.00		\$0.00	\$0.00	
Capital Equipment/Grant Expenditur	re				\$0.00		\$0.00	\$0.00	
Contract Personnel/Grant Expenditu	re				\$0.00		\$0.00	\$0.00	
Other/Grant Expenditure					\$0.00		\$0.00	\$0.00	
Salary/Grant Expenditure				\$10,8	14.00	\$5	,407.00	\$16,221.00	
Supplies/Grant Expenditure					\$0.00		\$0.00	\$0.00	
Travel/Grant Expenditure					\$0.00		\$0.00	\$0.00	
e. Total Recipient Share of Expenses				\$15,2	43.78	\$5	,416.76	\$20,660.54	
Benefits/Local core support, funding	match				\$0.00		\$0.00	\$0.00	
Benefits/Maintenance of Effort				\$5,7	80.31	\$2	,550.84	\$8,331.15	
Benefits/Non cash: In-Kind Contribut	tion				\$0.00		\$0.00	\$0.00	
Benefits/Revenue Expenditure					\$0.00		\$0.00	\$0.00	
Capital Equipment/Local core support	rt, funding match				\$0.00		\$0.00	\$0.00	
Capital Equipment/Maintenance of E	Effort				\$0.00		\$0.00	\$0.00	
Capital Equipment/Non cash: In-Kind	I Contribution				\$0.00		\$0.00	\$0.00	
Capital Equipment/Revenue Expendi	ture				\$0.00		\$0.00	\$0.00	
Contract Personnel/Local core support	ort, funding match				\$0.00		\$0.00	\$0.00	
Contract Personnel/Maintenance of	Effort				\$0.00	\$0.00		\$0.00	
Contract Personnel/Non cash: In-Kine	d Contribution			\$0.00		\$0.00		\$0.00	
Contract Personnel/Revenue Expend	liture				\$0.00	\$0.00		\$0.00	
Other/Local core support, funding m	atch				\$0.00	0.00 \$0.00		\$0.00	
Other/Maintenance of Effort				\$2	17.50		\$0.00	\$217.50	
Other/Non cash: In-Kind Contribution	n				\$0.00		\$0.00	\$0.00	
Other/Revenue Expenditure					\$0.00		\$0.00	\$0.00	
Salary/Local core support, funding m	natch				\$0.00		\$0.00	\$0.00	
Salary/Maintenance of Effort				\$8,6	07.36	\$2	,352.76	\$10,960.12	
Salary/Non cash: In-Kind Contributio	Salary/Non cash: In-Kind Contribution			\$0.00			\$0.00	\$0.00	
Salary/Revenue Expenditure					\$0.00		\$0.00	\$0.00	
Supplies/Local core support, funding	Supplies/Local core support, funding match			\$0.00			\$0.00	\$0.00	
Supplies/Maintenance of Effort		\$499.65		\$485.00		\$984.65			
Supplies/Non cash: In-Kind Contribution			\$0.00		\$0.00		\$0.00		
Supplies/Revenue Expenditure					\$0.00		\$0.00	\$0.00	
Travel/Local core support, funding m	natch			\$0.00		\$0.00		\$0.00	
Travel/Maintenance of Effort				\$1	38.96		\$28.16	\$167.12	
Travel/Non cash: In-Kind Contributio	n				\$0.00		\$0.00	\$0.00	
Travel/Revenue Expenditure				\$0.00		\$0.00	\$0.00		

f. Unliquidated Total Obligated (Line a minus lines d and e)	N/A	N/A	\$12,653.36
g. Unliquidated Payer Obligated (Line b minus line d)	N/A	N/A	\$5,407.00
h. Unliquidated Recipient Obligated (Line c minus line e)	N/A	N/A	\$7,246.36
Income:			
i. Total Income From Payer	\$10,815.00	\$0.00	\$10,815.00
j. Total Income From Recipient	\$0.00	\$0.00	\$0.00
Fees/Medicaid/KanCare	\$0.00	\$0.00	\$0.00
Fees/Other Public Health Insurance	\$0.00	\$0.00	\$0.00
Fees/Patient/Client Fees	\$0.00	\$0.00	\$0.00
Fees/Private Health Insurance	\$0.00	\$0.00	\$0.00
• Fees/SCHIP	\$0.00	\$0.00	\$0.00

Grant Name Assigned By Funding Agency	rant Name Assigned By Funding Agency 2. Recipient Organization							
Pregnancy Maintenance Initiative (PM	Leavenworth County Health Department							
3. Federal Employer Identification Number	Recipient Identifying Number 1590	5. Funding/Grant P Start: 7/1/201			6. Report Period Start: 4/1/2016		End: 6/30/2016	
7. Submitted By		8. Date Report Sub	mitted	9. FSR #		10. Fin	al Report	
Haley Gwartney		7/13/2016		3025		Yes		
11. FSR Note								
12. Approved By Haley Burkett		13. Approved Date 7/13/2016						
Transaction Type			Award	Match	Rev	enue	Total	
I. Total Obligated in Award Period			\$21,628.00			\$0.00		
II. Expenditures Subtotal			\$5,407.00	0 \$7,38	3.79	\$0.00	\$12,790.79	
1. Salary/Salary/Personnel-Direct			\$5,407.0			\$0.0		
a. Amy Hersh, Receptionist			\$1,696.80	0 \$(0.00	\$0.00	\$1,696.80	
b. John Murphy, MD			\$1,598.60	6 \$1,65	7.57	\$0.00	\$3,256.23	
b. John Murphy, MD		\$0.00	D \$(0.00	\$0.00	\$0.00		
d. Katie Schneider, Office Manager			\$0.00	\$2,59	7.29	\$0.00	\$2,597.29	
e. Lisa Hattok, LBSW			\$2,111.5		0.00	\$0.00		
2. Benefits			\$0.0			\$0.0		
a. FICA 7.65%			\$0.00	573	9.13	\$0.00	\$739.13	
b. Health Insurance			\$0.00			\$0.00		
c. KPERS 10.33%			\$0.00	983	3.58	\$0.00	\$983.58	
d. Unemployment .6%			\$0.00	\$2	3.99	\$0.00	\$28.99	
e. Workman's Compensation .4%			\$0.00		3.65	\$0.00		
3. Supplies			\$0.0	0 \$19	0.54	\$0.0	9 \$190.54	
a. Office			\$0.00	\$190	0.54	\$0.00	\$190.54	
4. Other			\$0.0	0 \$3	5.08	\$0.0	\$35.08	
a. Client Education				\$0.00 \$35.08		\$0.00		
b. Client Services			\$0.00	0 \$(0.00	\$0.00	\$0.00	
III. Revenue Subtotal			\$0.00	0 \$(0.00	\$0.00	\$0.00	
IV. Total Expenditures in Award Perio	d		\$21,628.00	0 \$28,04	1.33	\$0.00	\$49,672.33	
V. Total Revenue in Award Period			\$0.00		0.00	\$0.00		
VI. Remaining Balance			\$0.00	0 (\$137	.43)	\$0.00	(\$137.43)	

_	
Г	FSR Line Notes
Ī	I. Expenditure/1. Salary/Salary/Personnel-Direct/a. Amy Hersh, Receptionist
	Jo Anne Parker Receptionist 20%
L	
Г	I. Expenditure/1. Salary/Salary/Personnel-Direct/b. John Murphy, MD
	Violet Gomes Clinical Manager 20%
L	
	I. Expenditure/2. Benefits/d. Unemployment .6%
	.3%
L	
	I. Expenditure/4. Other/a. Client Education
	Travel
-1	